



234 E. Parkway Boulevard, Coppell TX. 75019
Main: 972-304-7077 Fax: 972-745-7641

Summer Birthday Request Form

Date & Time Submitted: _____

First Name		Last Name		M/F	Birthdate
Street		Apt #	City	State	Zipcode
Home Phone		Cell Phone	Text?	Carrier	Email Address
Emergency Contact					
First Name		Last Name		Phone Number & Relation	

2. RENTAL INFORMATION

Event Name: _____

Description: _____

Date(s) and Time(s):

Day: _____

Date: ____/____/____

☐ 10:30am – 12:30pm; Saturday

☐ 1:15 – 3:15pm; Sunday

☐ 1:00 – 3:00pm; Saturday

☐ 3:45 – 5:45pm; Sunday

☐ 3:30 – 5:30pm; Saturday

Expected Attendance: _____

Area(s) Requested: *(Please check all that apply)*

Outdoor Pool Party Tent:

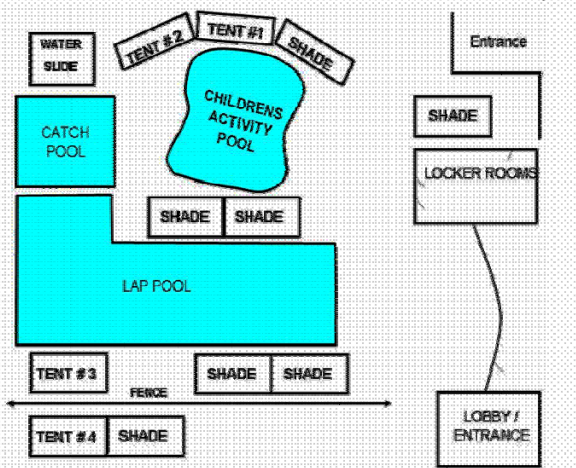
☐ Party Tent 1

☐ Party Tent 2

☐ Party Tent 3

☐ Party Tent 4

*All rentals will have 15 minutes before and after for setup and cleanup.



Alternate Request Choice: *(In case your initial request is not available, please indicate another request option)*

Day: _____

Date: ____/____/____

Start Time: ____:____ am/pm

End Time: ____:____ am/pm

Birthday and Party Package – 2 Hour Rental for 25 people:

☐ Birthday Splash & Bash

2 Hour Rental Including:

- Use of tent area and pools
- Use of Ice Machine & Party Carts

☐ Birthday Blitz

*In addition to the Splash & Bash:

- Pizza & Lemonade
- Paper Products
- Birthday child goodie bag

Birthday Person's Name: _____ Birthday: _____ Expected Attendance: _____

4. SPECIAL ARRANGEMENTS

Will a caterer be used? ☐ No ☐ Yes - Catering Company Name _____

Catering Company License #: _____

Will an outside vendor be used? ☐ No ☐ Yes - Company Name _____

Company Insurance #: _____

For Birthday Blitz Upgrade: (Note: 3 large pizzas and lemonade for 25 guests)

Types of pizza: (check types) ☐ Cheese ☐ Pepperoni ☐ Sausage

Please list any other special arrangements necessary for your rental request: _____

5. STATEMENT OF UNDERSTANDING

I understand that this form is a request for rental, the rental deposit and the completion of this form does not guarantee my rental of the requested facility (based on availability).

Signature

Date

OFFICE USE ONLY – DEPOSIT & APPROVAL INFORMATION

Form of Payment ☐ Cash ☐ Check # _____ ☐ Visa/MC

Rental Supervisor ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Other Staff ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Center Manager ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Rental Status: ☐ Tentative (Date: ____/____/____) ☐ Firm (Date: ____/____/____)

☐ Cancelled (Date: ____/____/____) ☐ Complete (Date: ____/____/____)

Notes: _____
